

(GW/UST-2)

Site Investigation Report For Permanent Closure or Change-in-Service of U.S.T.

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location.
[SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL
OFFICE ADDRESS].

RECEIVED
State Use Only N.C. Dept. of EHNR
I.D. Number
Date Received MAR 12 1993

INSTRUCTIONS

Complete and return within (30) days following completion of site investigation.

I. Ownership of Tank(s)

Owner Name (Corporation, Individual, Public Agency, or Other Entity) Walter L. Hannah, Trustee
Street Address 301 North Elm Street
City Guilford
County Greensboro, N.C. Zip Code 27401
City 919 State NC Telephone Number 373-1600
Area Code 919 Telephone Number 373-1600

II. Location of Tank(s)

Facility Name of Company Ara/Smith's
Facility ID # (if available) 0-010064
Street Address or State Road 6301 Burnt Poplar Rd.
City Guilford State NC Zip Code 27409
County Guilford City Guilford Zip Code 27409
Area Code (919) Telephone Number 294 4402

III. Contact Person

Name Tom Brawner Job Title Attorney Telephone No. (Area Code) (919) 373-1600
Closure Contractor Shield Environmental Assoc., Inc. 2848 I-85 South Suite H. Charlotte (704) 394-6913
Lab PACE, Inc. 9800 Kinsey Ave. Suite 100 Huntersville, N.C. (704) 875-9092
(Name) (Address) (Telephone No. (Area Code))

IV. U.S.T. Information

V. Excavation Condition

VI. Additional Information Required

Tank No.	Size in Gallons	Tank Dimensions	Last Contents	Water in Excavation		Free Product		Notable Odor or Visible Soil Contamination	
				Yes	No	Yes	No	Yes	No
1	10,000	16.5' x 10'	Diesel Fuel	✓			✓	✓	
2	500	6.5' x 3'	Gasoline	✓			✓	✓	
3	500	6.5' x 3'	Oil		✓		✓		✓

See reverse side of pink copy (owner's copy) for additional information required by N.C. - DEM in the written report and sketch.

VII. Check List

Check the activities completed.

- ☒ Contact local fire marshal
☒ Notify DEM Regional Office before abandonment
☒ Drain & flush piping into tank.
☒ Remove all product and residuals from tank
☒ Excavate down to tank.
☐ Clean and inspect tank.
☒ Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.
☒ Cap or plug all lines except the vent and fill lines.
☒ Purge tank of all product & flammable vapors.
☒ Cut one or more large holes in the tanks.
☒ Backfill the area.

Date Tank(s) Permanently closed: 1/26/93
Date of Change-in-Service: _____

- ABANDONMENT IN PLACE**
☐ Fill tank until material overflows tank opening;
☐ Plug or cap all openings;
☐ Disconnect and cap or remove vent line
☐ Solid inert material used - specify: _____

- REMOVAL**
☒ Create vent hole
☒ Label tank
☐ Dispose of tank in approved manner
Final tank destination: Safetyway Tank Disposal, Inc.

VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Print name and official title of owner or owner's authorized representative

Signature

Date Signed

H. Burt Brown Field Services Manager Shield

H. Burt Brown

3/14/93